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Pauline Mortensen

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# The Window Effect

Pauline Mortensen

My arm is being fed from a bottle. I am awake and very much aware of how much my life is not my own. It is part of the room, part of the bed, part of the bottle, part of the nurses when they come in and check that part of me that is theirs. I cannot move, so they move me. Every few hours they come in, four of them, and turn my body—that part that is theirs. There is a plastic tube which drains the excess blood out of my back, drawn through the tube by the sucking action of the expanding canister that sometimes gets tangled underneath when they turn me, gets tangled and sometimes lies next to my face, and I can see that part of me which is no longer a part. And there is a wire holding me together in my back, holding me together, keeping me separate from the room. But it doesn't work; I am part of the room.

There is an old man in the next room. There are many old people on this floor, the orthopedic floor. He is in a box-like sling, so I am told, because he has a broken hip. But there is much the old man does not understand. He struggles against the straps which restrain his body, struggles and shouts obscenities in German, and in English he calls, "Gut me out off hair, somebody!" He speaks for both of us.

Facing the window, I see that it doesn't open. Windows should open. A person may have to crawl out of one in an emergency someday—to save himself. I've been thinking of crawling out of a window lately, that part of me that is still mine, that isn't attached to wire and tubes and bottles and canisters. I call it the window effect.

I first became aware of the window effect when I was teaching a Sunday School class of five-year-olds. The manual said they were five-year-olds; I didn't doubt the manual. I found out later they were six and seven. I think there might have been a lack of relevance. Eldon was seven. One day while I was talking "Our Heavenly Father Made Our Bodies," Eldon climbed out the window in the back of the room, slipped over the sill to the ground before I could get to the part

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Pauline Mortensen is a creative writer living in Salt Lake City, Utah.

about "our two strong legs take us to church." I suppose he needed the fresh air; I certainly did. Looking back on it now, I can see the advantage of building churches all on one level, close to the ground with windows that open, not like hospitals that leave you windowless and groundless on the twelfth floor.

The nurse comes in to take my temperature. Her wrist snaps as she shakes the mercury down. "How are we doing today?" It is a cliché, I know, but they really do say it. It is their way of letting you know that your body is not really yours but theirs, to measure, to rub, to pump up, to turn over, to wash, to patch, and to puncture. The last time the technician took my blood he said it was a nice color. He added the tube that was a part of me to a collection of tubes he had on his tray and went on down the hall.

The man next door. "You gut no rights ta keep me. You lemme go."

The nurse puts the thermometer in my mouth, wraps my arm and pumps it up to take my blood pressure. They have to monitor the vital functions. I am alive. She brings the bedpan.

Last week the old lady across the hall attacked the wire-haired nurse. She went for the nurse's throat; the nurse was trying to put the oxygen tubes back in the old lady's nose. Personally I think if she had the energy to attack a nurse, she probably didn't need the oxygen tubes in her nose in the first place. Then later when I called for a nurse, that same nurse with the black wiry hair came in and shut the door, didn't ask what I wanted, just came over and sat down. (I wanted my toothbrush.) She gave me the story of her life. Said she didn't know if it was worth it. I assumed she meant nursing, so I asked her why she became one in the first place. She said it wasn't like she thought it was going to be. I didn't have any answers. Staying in the hospital wasn't what I thought it was going to be either. She brought me my toothbrush. I counted three cases of the window effect that day: me, the nurse, and the old lady across the hall. I have a brother who had an especially bad case.

When Steve was two, he'd sit on my lap and name off the makes of cars in my Matchbox car collection. I'd give him hugs for every one he got right, and he'd careen through the list again. It seemed as if he was building up an early immunity. But at sixteen he came down with it like the rest of us. He slept in the basement, and instead of using the door like a civilized person, he started climbing out of the basement windows. He mashed down the flowers all around the house. It wasn't as if anyone was going to stop him from going where he wanted to go, so I guess he just wanted to avoid any questions.

Steve owned a Yamaha, and you know what they say about them, the part about someday you'll own one? I guess if he can do it anyone can—climb out a window and ride away from it all on a motorcycle. Of course, some people have tried to explain Steve's behavior as a means of escaping his father, but some will always say that. Personally, I think Steve rather enjoyed those father-and-son outings to the traffic court. At one point they wanted to send Steve away to an institution of some kind. I didn't think clinical caring was the answer then, and I haven't changed my opinion.

The nurse takes the bedpan. Talcum powder on the rim helps. Sometimes when the doctor listens with his stethoscope, the metal disk is cold on my chest; and sometimes he forgets to put the ear pieces into his ears. But he says I'm fine just the same. That's the way they do things here.

In the recovery room they shook my arm to wake me. I didn't know how long they had been shaking it; it seems as if there is more shaking in there than recovering. The boy next to me was recovering from his wart-removal surgery. They shook his arm for a long time before he came to. Then he tried to climb off the bed. I was hoping he'd make it, but three of them held him down.

Anesthesia is a trick anyway. They tell you that you won't feel a thing. But when they shake you back to an awareness of life, there is pain that wasn't there before, is there for no apparent reason, and won't go away by closing your eyes. It's kind of medical jet lag; you come back out of time, out of sync with what you remembered last. It is no way to treat a patient, even if he does survive.

Steve owned a Yamaha, but my window is puttied in. The doctor comes through the door. It's Saturday, and he is wearing a yellow sweater and brown pants.

"How are we doing today?"

Part of us looks like we are going to play golf while the rest of us stays here.

"Pain," I say. "Those pills make me sick; you got something else?"

"I'll change you over from Percodan to Tylenol-3. That should take care of it. Anything else?"

"No," I say. What can I say? He's done his part, performed the operation.

The doctor operates on Tuesday. Before surgery he listens to rock music on his portable radio to get his adrenaline up, or so the rumor goes. So on Tuesday his bedside manner is different. I have five pillows on my bed, and last time he asked me if they were proliferating. Today he says, "Anything else?"

“No,” I say. What could he give me on his three-minute visit? He has done his part and deserves his diversion. But I’m not altogether sure which is the bigger diversion, the golf or the surgery.

The doctor finishes writing on my chart. He says, “See you Monday,” and goes out into the hall. My free arm pushes the button that shuts the door behind the doctor, pushes the button that raises my head. Stop. I close my eyes.

When I was six my sister made me ride the horse against my will. She wanted me to be brave. The horse bucked me off, and I was knocked into semiconsciousness. She carried me into the house, as she was screaming melodramatically, “Speak to me! Speak to me!” I remember, but she doesn’t. It’s fun to bring up at family reunions to tease her with. My legs hurt for weeks. Like they do now; like they’ve done for years. Perhaps a faulty memory is not altogether a bad thing; it’s a liberation of a sort, not escape necessarily. I don’t blame her for anything. Why should she blame herself? In family, I think it can be a healthy thing, forgetting.

The pain pills help forgetting. As a great joke I brought a book by Faulkner to read called *As I Lay Dying*. With me slipping in and out of forgetting, the book makes even less sense here than it did at home. But I want to forget, to go back to the trickery of anesthesia. Always there is something that reminds me of where I am. The bed is hard. The bottle is dripping into my arm. I must circle today what they will feed me tomorrow. Sounds like a life of leisure, I know; I can’t help that. In the afternoon when I press the up button all the way until it stops, I can see the park across the street, the children on the jungle gym, children urging “higher” on the swings and “faster” on the merry-go-round. There are trees in the park that shade people eating lunches underneath. I have air conditioning.

My husband comes to visit me every night after work. He says this is harder on him than it is on me; he can’t sleep nights. I let him bring me things—it helps him, makes him feel useful. He sits in the chair by the side of my bed and falls asleep watching television. He sleeps fine here. Then he goes home.

It’s the same thing when I’m home, but I’m not complaining. People keep telling me that children make a difference. I don’t doubt it. But so far I haven’t noticed that it’s solved anything.

I’ve been making a list of things I would like to do when I recover from surgery in a year or two; having a baby is not on that list. There are things I’ve not been able to list for awhile: tennis, raquetball, fishing, cycling; dishes, pies, beds, carpets. I’m not making a joke. Maybe being able to do something for a change will make a difference.

It's eight o'clock. The nurse brings in my breakfast and takes away the lid from my plate.

In Rathdrum, Idaho, near where my mother lives, there is a cult of devil worshipers who make their living waylaying cars on the prairie roads. They smash in the windows of the cars that stop at desolate intersections, knock the windows and the people out with gunny sacks weighted with rocks. Sometimes they link arms and make a human chain across the road to make the cars stop.

It's not a weighted gunny sack I want exactly; no one needs that much attention. But the human chain is not such a bad idea. Of course, there's always a chance that the cars will not stop. A friend of my mother's says she was driving home alone one night across the Rathdrum prairie. She just barely made out the human chain while there was still time to build up her speed. It didn't make the papers because the devil worshipers take care of their own, and the lady wouldn't have reported it. But someone found an arm lying in the field next to the road. I don't know that it was worth losing an arm over, but something must be.

Of course, there are other types of human chains, like the ones in movies where they stretch themselves across a flooded river, wrist to wrist, fingers digging in flesh, in order to get everyone across safely, to escape the rushing flood.

I butter my toast and put on the jam that comes in the indented plastic form.

My roommates at college accused me of using my back as an excuse to get out of doing my share of the cleaning. It does sound suspicious; I can't help that. I don't need to justify myself anymore; the doctor has my x-rays for anyone who cares to look. But I don't think anyone will bother. I sure wouldn't, even knowing what I know—that a human chain might stop the speeding enigma; that is, at least it has been known to stop it in movies and on deserted highways. That may be so, but it certainly doesn't sound like a very safe thing to do. Perhaps something more subtle would work.

I eat my whole-wheat toast and prunes and watch out the window at the swaying treetops in the empty park, the branches writhing like Medusan snakes above where the children usually play. The great stone face of the hospital faces the park, and I am a part of the hospital.